



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)  
**RESIDENTIAL SITE APPROVAL REQUEST**

Does this person have sexually violent and/or predatory behaviors?

☐ Yes ☐ No

If yes, complete this form.

CLIENT(S) NAME(S)

AGENCY NAME

ADDRESS OF PROPOSED/CURRENT SITE

Site checks will be conducted in accordance with DDD Policy 15.04, Standards for Community Protection - Intensive Supported Living Services. Specific client offense patterns should be considered when determining appropriate program locations. It may be necessary to identify the following: presence of children (infant to 18 years) and vulnerable adults residing in the immediate vicinity; site proximity to schools, child care centers, churches, public playgrounds, recreation/activity fields, and other similar settings where children may play or congregate; and the nearest police and fire departments. It is important to conduct site observations at different times and different days of the week. Attach additional information if necessary.

	DATE AND DAY OF OBSERVATION	TIME OF OBSERVATION	DESCRIBE OBSERVATIONS	SIGNATURE OF OBSERVER
<b>Daytime</b> (Weekday, between 7:30 a.m. - 9 a.m.)				
<b>Evening</b> (Weekday, between 2:30 p.m. - 5 p.m.)				
<b>Weekend</b> (Mid day)				

Distance to nearest school: \_\_\_\_\_ Distance to nearest child care center: \_\_\_\_\_

List modifications required, other than security alarm (if any):  
\_\_\_\_\_  
\_\_\_\_\_

Has this site been approved in the past for CP clients? ☐ Yes ☐ No If yes, date: \_\_\_\_\_

**To the best of my knowledge, the above site location is an appropriate location for this client, and the residence is located a safe and reasonable distance from schools, child care centers, and other areas where children may congregate.**

SUBMITTED BY:	DATE SUBMITTED
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**FOR DDD OFFICE USE ONLY**

DDD CASE MANAGER DATE(S) AND TIME(S) OF SITE REVIEW(S)

DESCRIBE OBSERVATIONS

Did Case Manager contact DCCEL regarding child care providers in the area? ☐ Yes ☐ No ☐ Not applicable

APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	IF DENIED, REASON:
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DDD CASE MANAGER SIGNATURE	DATE
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APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	REGIONAL ADMINISTRATOR SIGNATURE	DATE
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